

# contact request

## Fitzharris & Company

A Division of Brown & Brown of New York, Inc.



Ameritas Life Insurance Corp. of New York

Please contact my dentist to offer him/her the opportunity to join the Fitzharris & Company network.

### Employee Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Employee Phone Number \_\_\_\_\_

Employer \_\_\_\_\_

### Dentist Information

Dentist First Name \_\_\_\_\_

Dentist Last Name \_\_\_\_\_

Practice Name \_\_\_\_\_

Provider Specialty \_\_\_\_\_

Provider Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Provider Phone Number \_\_\_\_\_

### Send to:

Fitzharris Administrators

P.O. Box 9182

Farmingdale, NY 11735

1-800-635-5651 / 516-777-2244 / Fax: 516-777-5777